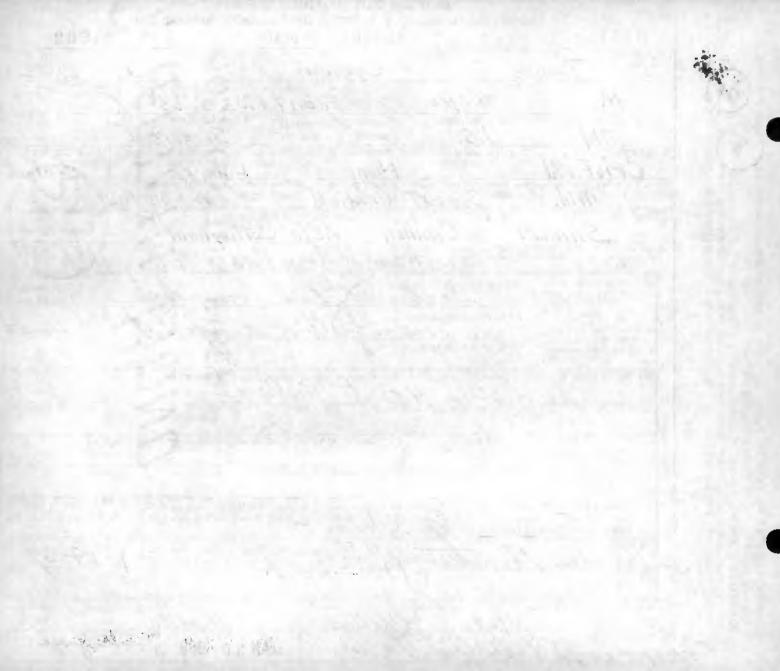
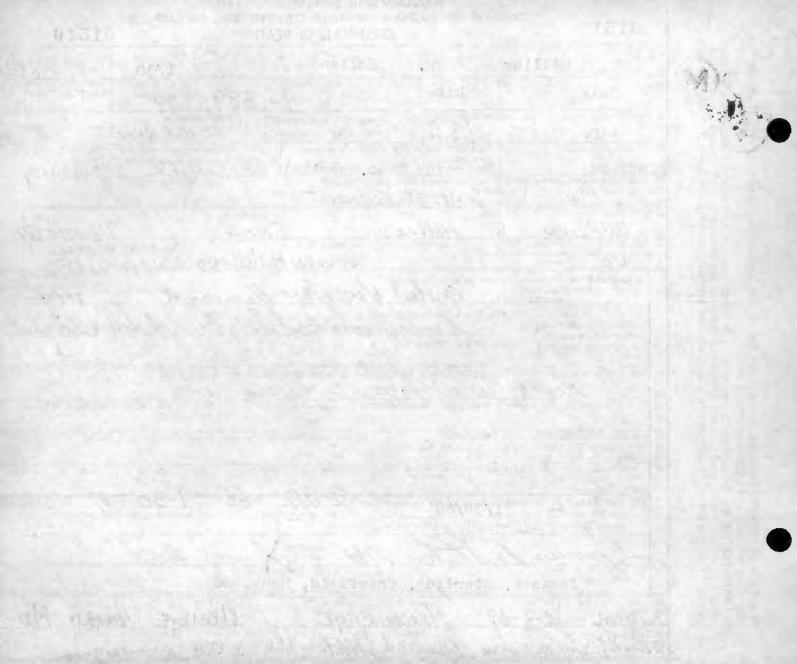
	015	15	DIVISION OF	VITAL RECORDS,	301 W. PRESTO CERTIFICATE		IMORE, MAR	YLAND 21201	0150	9
, 1	DECEASED NAM (Type or print)	1	nES	Middle	CAN	nst Mon	20. DATE OF	DEATH Month .D	ay Year	9 8 HOUR
3	SEX	И	4. RACE	TEgro	S, DAT	E OF BIRTH	903	6. AGE (In years last birthey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
(ountry)	Stote or foreign	76, CITIZEN OF WE	S.	8. MARRIED NEW	VER MARRIED DIVORCED	9. COUNTY OF	DEATH MEISE	-	N
0	O, CITY OR JOW	NOF DEATH .		AME OF HOSPITAL OR IN treet oddress)	Home		nast of warking	(Kind af wark dane ife, even if retired.		EN FOOL
	3a. USUAL RESIE dmission) STA		13b. COUNTY	SomuseT	Cristie		DE L	Soury F	PUE .	
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	6a. WAS DECEA Yes, na, ar un	SED EVER IN U.S. AR Flown) (11 yes give	RMED FORCES? war or dates al service)	16b. SOCIAL SECURITY 244-03-757		POSA BA	EH.	Asbury Address	HUE	,
	18. CAUSE PART	. DEATH WAS CAUS	inly one cause per lin ED 8Y: IATE CAUSE (a)	ne far(a), (b), and (c)	rentes	time 1	Lomo	whose	APPROI BETWEEN	ONSET AND DEATH
	153 Conditions	if any, which gave	DUE TO, OR	AS A CONSEQUENCE OF	nowles	lan.	nund	Solial	!	and I
	rise to imn	nediate cause (a), underlying couse	(0)	AS A CONSEQUENCE OF			The second	en win		740-4
		HER SIGNIFICANT CO	ONDITIONS CONTRIBU	UNG TO DEATH BUT N	OT RELATED TO THE 1	TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
	19a. DATE O	FOPERATION 19b	. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED 20	OG. AUTOPSY?	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	ERTIFYING
		ENT WAS UNDERLY	ING 21b. TIME OF	INJURY Manth Day Year		URY OCCURRED (Ente		y in Part 1 or Port 2	?, Item 18.)	
	(If either, n ≥ 21d. INJUR	otify medical exam	niner) P.M.	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		N Street or R.F.D. No	o. City	or Tawn	County	State
1	22a ce	rtify that (I) (t		ended the deceas	ed fram 2		68, to_	1-26,1		t (I) (we) lo
	Saw (au)		re, (I) (we) (did)	(did nat) view the	body after deoth	t in (<u>my)</u> (our) op	union deoth c		c. DATE SIGNED	and from fi
1	Ma	mes	A. X	lecting	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1-29	-69
	4	(Type)								
1	30. BURIAL, CRI	MATION, 23b.	2-14/69	23c. NAME OF	LESIE4		m,	N (City or Town) 4 Y I OM	(County)	Md.
2	4. FUNERAL DI	EGGOS)	7/16	ADDRESS	mil	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAL	R'S SIGNATURE	age.

MAKYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF VITAL DECODES 201 M DESCRIPTION STREET DAILTHOODS MADVIA	ND 01001
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA CERTIFICATE OF DEATH	01510
. ~		
after death	OF Print) William W. Holland 20. DATE OF DEAT	Month 30 Day 6 gear 848 N
	Male White S. DATE OF BIRTH $6-4-1889$ los	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. St bighday) MONTHS DAYS HOURS MIN
24 hours papers. Po	HPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED □ NEVER MARRIED □ 9. COUNTY OF DEAT WIDOWED ♥ DIVORCED □ SO M.	ERSET MA
vithii 24 vithii 24 vithii 24 vithiin 7.	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during host of warking life and during host of warking life and during host of warking life.	
e executed with and completely tremave carban any event, with	JAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND STATE MD. 13b. COUNTS ONE PLSET FAIR MOUNT YES NO DE	D-TINES IN
and co	IER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First WILLIAM S. HOLLAND EMHA	Middle Day Ventu
physician and completely en please remave carban aval, and in any event, wil		APEADING CHAIRE
at the death ce the attending sit permit. The matian, or rem	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF to immediate cause (a), ting the underlying cause (c) CAUSE (a), and (c) DUE TO, OR AS A CONSCOUENCE OF (b) DUE TO, OR AS A CONSCOUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ORSET AND CHAIN I Long- Clerosler Analysinist
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creases.	RT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P CALLY CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED OUT OF OPERATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN P CAUSES OF D OUT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN P CAUSES OF D	WERE FINDINGS CONSIDERED IN CERTIFYING
SICIAN: spital ar ertificate ed far u	1. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in F either, natify medical examiner) P.M. 19	
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the State Dept. of Heal	d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Torville at work at work at least of the deceased from 2, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	-30 . 19.67 , that (I) (we) last
ATTENE etained CTOR: A shauld vith the	causes stated abave, (1) (we) (did) (did not) view the bady after death.	22c DATE SIGNED
TAL OR May be I Al DIRE page 3 pege 3 se filed w	L PHYSICIAN'S NAME (Type) To many A Starling Cristial d Mary and	rs. \square
D HOSPI age 4 n FUNER director,	NAME (Type) James A. Sterling, Crisfield, Maryland RIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (CIT MOVAL (Specify) 2-3-69 MENDOUR DAE EKRIDA	ty ar Tawn) (Caunty) (State)
VR ATS VALUE	SKAL DIRECTOR 250 REC'D BY REGISTRAR DE	25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01511 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) ELMER JONES SR. DEATH MATED Poge 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD day WHITE MALE JULY 6.1888 1969 80 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH SOMERSET CO. WARYT AND U.S.A. WIDOWED I DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street SOWERSET ANNE PRINCESS deoth. 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER With 000 admission) STATE N. SOMERSET and 2 offer 14. FATHER'S NAME First Middle MARY E. DRYDEN FRANK JONES 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, ar unknown) (If yes give wor or dates of service) ANNE APPROXIMATE INTERVAL RS ALICE JONES IB. CAUSE OF DEATH (Enter only one cause per line for to) (b), and (c).) executed should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART I(a) 0 20. AUTOPSY? WAS PERFORMED? YES [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F.D. Na. City or Town County Stote factory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry and in my apinion director. Undetermined manner deoth resulted fram: Natural causes Suicide Hamicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth MOV NAME (Type) ADDRESS(Street, city, tawn, or county) 0 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) 1/31/1969 CEMETERY PRINCESS BURTAT MANOKTN 24 FUNERAL DIRECTOR VR A15ME (5) DATE LEVIN R. WILSON PRINCESS ANNE. 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

01513 tolena and a series "Sayle " In Ende All one of the last of the las A STATE OF THE SECOND · (1) THE TENNE I WITE TO entra de la companya de la fazi de la companya del companya del companya de la co Standing to an exercise will be to the state of the state Charles Marie Landon Company of the and state servels in the control of Meny cardied Infarotion minte Courses arterischen years Congesters heart failure Eichtelle me × (1-31-69 EVER ST SUTTER MID 1/al/2003 report to the contract of the contra 188 E 1839 EV TIME TRADUCTE (QUEEN TO REVEA

- mile - mile and a second of the second of W S VI ta comme x is the second with the ear out our CHE T elicati delli estimi emi digialitici dell'atmissesi di . W. Minney St. - A Later With the Land of the Committee West. estages en en youngs set 37 e-p-d-s CC at the p-definition of set of S+, R-16-1 TEXTS CALL SEPTEMBER 1 the transfer of the first partition of the fi AN YES BEEN THE SEE STY RALL by James and The Court -- well at semalogic

1			DIVICION OF V		D STATE DEPARTS			
		01520	א זט אטונואוע		301 W. PRESTON S CERTIFICATE OF			01513
1		CEASED-NAME Firs	1	Middle			TE OF DEATH	26. HOUR
			aisy _B	AMIRE	Laird		Jan Month 10 Doy	89 2;10,
	3. SE	Female	4. RACE	White	S. DATE OF	10, 1913	6. AGE (In years Jast birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	70. E	IRIHPLACE (Stote or foreign Iry) Maryland	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MAN	ARRIED 9. COUNT	y of death Somerse	t. u.
7	10. 0	crisfield	give str	ccready	TITUTION (If not in hospital	120. USUAL OCCUPA	ATION (Kind of work done rking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Home
ı	13o. odmi	USUAL RESIDENCE (Where decec ssion) STAT Maryland	13b. COUNTY So	Residence before	13c. CITY OR TOWN Crisfield		30. STREET AND NUMBER 03 N. First S	t.
		ATHER'S NAME First	Middle	Lost		MAIDEN NAME First	Middle	Lost
	160	Frank WAS DECEASED EVER IN U.S. AR	~ W.	Abbot		Alice		Taylor
	100.	was deceased ever in 0.5. Ak	mer or dates of curion	18-20-740		Laird, Gand	y Lane, Crisf	ield, Md.
	TION	Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS (6)	etes	tele Byen		GIVEN IN PART I(o) Ob. IF YES, WERE FINDINGS CO.	School in Ceptieving
	MIFICA				YES	□ NO □ C	AUSES OF DEATH?	
	N	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	iner) HOUR A.M.	Month Day Year			f injury in Port 1 or Port 2, It	
		of work of work			ORY.) 21 f. LOCATION Stri	eet or R.F.D. No.	City of Town	County State
	- 1	22a. 1 certify that (1) (1) saw the deceased a causes stated abov 22b, SIGNATURE	nis hospital) attendive an 1/10 e, (I) (we) (did) (di	ded the decease	d fram, and that in (roody ofter deoth.	, 1967, to mv) (our) opinion de	ath accurred on the dot	9, that (I) (we) las e and hour and from the ATE SIGNED
		Lanes	14.8	1000	DEGREE PHYS.	DIRECTOR	STAFF C	-12-69
	4	PHYSICIAN'S James	A. Ster	ling, M	D . 22e. AD		ield, Md.	/
	Bu	Ja:	DATE n. 12, 196	9 Oriole	EMETERY OR CREMATORY Cemetery	Ori	CATION (City or Town) ole, Somerset	
		FUNERAL DIRECTOR	Contact of	ADDRESS	217	2So. REC'D BY REGISTR		
ı	DI	adshaw & Sons	, Grisiiel	u, Ma. 27	017	DATE AN 16	1969 plum	las Judge.

- brila) 1 to 1 to 1 and L . In Contract of the Contract Jacasa . To the same MELLIT ME JOSE To their their the the light sign of the s Willelf and the state of the st Beetlerte 69-001 /3 62-1-17 CALL STATE OF STREET and possible the reduced of the Book of the Content Later described to the Transfer und benefit b SANCE STORY OF THE SANCE OF THE

	1 (1521 DIVIS	ION OF VITAL RE	CORDS, 301 W. PI	RESTON STREET, BAI	LTIMORE, MARYI	AND 21201			
FOR STATE		1002			'S CERTIFICATE				1514	
HEALTH DEPT.			First	M ddle	Lost		20. DATE KNOWN	Month D	oy Yeor 2	8.000
of of	1	(ype or Print) ZO	LA	BELLE	LONG		OF ESTI-	Jan.	20 1969	A. M
2 m 2	3. 5	X 4 RACE	5 DATE OF BIR		In years IF UNDER 1 YEAR	IF UNDER 24 MRS	2c. DATE PRONOUNCE	ED DEAD	2	1 HOUS C
2 and 3 to Page Page	E	emale White	Sept.		rthdoy) MONTHS DAYS	HOURS MINI.	Month Jan	. Day 20	Year 19 69	P. M
E 4, 7, 8	7a,	BIRTHPLACE (State or foreign	76 CITIZEN OF WHA	AT COUNTRY? 8	MARRIED NEVER M	ARRIED 9. COU	NTY OF DEATH			
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Give differ	13e	USEAL RESIDENCE (Where deader ssion) STATE Maryla	reosed I ved, if institu			13d. INSIDE GTY LIMITS?	13e STREET AND NU	MBER		
18. 18. 0	<u> </u>				Kingston	YES NO SY	RFD #1			
hours ltem 1 Offer offer	14. 1	ATHER'S NAME First John	M.ddle	To loss 5 and	15 MOTHER'S M			Middle	1204 	
24 In Pris Pris Jrs	1/ -	WAS DECEASED EVER IN U.S. ARM		Johnson	17 INFORMANT	Mar	*		Holland	
thin 24 incil in riner's poges haurs				166 SOCIAL SECURITY NO 213-22-624		othy Marsi	ADDR		n Ctatia	16
ould be executed will void be executed will not be chief Medical Exar all-transit permit. File any event within 72	-				O LITES DOL	OCHY PAPSI	MIL, RED,	PALIO	APPROXIMATE INT	
red ral.		1B. CAUSE OF DEATH (Enter PART I DEATH WAS CA.	LSED BY						BETWEEN ONSET AND	D DEATH
Aeding Aeding perr		· ~ IMM	EDIATE CAUSE (a)	AS A CONSEQUENCE OF	bral hemor	rrnage			Unkno	MII
pen ef A sit		Conditions, if any, which gas	(A.)		ralized an	rteriosc	lerosis		Years	
Chi th		rise to immediate couse (o stating the underlying cous		AS A CONSEQUENCE OF	1011000 01		2010000		20020	
should be e ne word "pen to the Cnief A burial-transit in any even		lost.	(4)							
ICAL EXAMINER: This certificate should be executed within 24 haurs after death execute the certificate, writing the word pending in pencil in Item 18. Give Page far Page 4 should be forworded to the Chief Medical Examiner's Office Plang with fed for your files. CTOR: Page 3 should be used as o burial-transit permit. File pages land 2 with the State burial, cremation, or removal, and in any event within 72 haurs offer-death.		PART 2 OTHER 5 GNIFICANT CO	UNDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT I	ELATED TO THE TERMINAL	DISEASE OR CONDIT O	N GIVEN IN PART 160	1		
INER: This certificate to certificate, writing the should be forworded files. 3 should be used as a should be used os a retireation, or removal, oncomption,	,							,		
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te, to rem	CERTIFICATION			WAS PERFORMED?						NO 🗌
海 무 목 이	19	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION	21 b. TIME OF HOUR A.A	N.JRY Month, Doy, Year	21c HOW INJURY (OCCURRED (Enter notu	re of injury in Port 1	or Port 2, Item	18)	
Cert cert nouf les. Shou tion	MEDICAL	CAUSE OF DEATH	P.A	19						
MIN the the ur f, e 3,	25		le PLACE OF INJURY (A foctory, office building	t home, form, street, 1. etc.)	21f LOCATION Street	et or R F D No	City or Town		County	Stote
bical Examiner: se execute the cert ectar Page 4 should ined for your files. RECTOR: Page 3 shou to burial, cremotion.		AT WORK AT WORK		,						
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se escritarion need		death resulted fram	. Natural caus	es 🔀 , Accident	, Suicide ,	Hamitide [_],	Undetermined	manner _		
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o DEPUTY SICA necessory, please e, the funeral directar 5 may be retained D FUNERAL DIRECT Health prior to bu		EXAMINER'S NAME (Type) C.	G. RAWLEY,	м. р.		DDRESS(Street, city to			d, Maryl	and
To DEPUTY DICAL EXAMINATE OF THE THE THE THE THE THE THE THE TO FUNERAL DIRECTOR: Page 3 Health prior to burial, cremo	230	BURIAL, CREMATION 2	3b DATE		EMETERY OR CREMATORY		LOCATION (City or To		ounty) (Stote	
8	Bu	REMOVAL (Specify)	an. 22. 19		dge Cemeter		risfield,	,		,
E)		FUNERAL DIRECTOR		ADDRES		2So REC'D BY REC	SISTRAR 25b. I	REGISTRAR'S SIG	NATURE	
VR A15ME (5)	Br	adshaw & Sons	. Grisfiel	d. Marvlan	d 21817	MAN 2 8	1969 10	Licenta	Vacano.	

MARTLAND STATE DEPARTMENT OF HEALTH



	1		DRUGION OF		D STATE DEPAR			W		
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executed within 24 hours after death adoption of the completely filled in by the funeral emove carbon popers. Pages 1 and 2 any event, within 72 never after death.		ECEASED-NAME Firs		Middle	Lost		20. DATE OF E		2b, 1	HOUR T
and 2 deoth.	L	(ype or pant) Milt	ion	F.	Pestri			Jan. 1	. 1969 7:	45M
e Te	3 51	ΣX	4 RACE			OF BIRTH		6 AGE (n years dest birthdoy)	IF UNDER : YEAR IF JNDER	24 HRS
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14	130	USUAL RES.DENCE (Where detections) STATE Marylan	sed lived, if instituti	Somerset	13c CITY OR TOWN	13d BNSIDE CITY LIM T	13e STRE RFD	EET AND NUMBER		
1	. 4	ATHER S NAME First Edward	Middle —	Pestrid	s MOTHER	'S MAIDEN NAME First	nie	Middle	Owens	
	160	WAS DECEASED EVER IN S AR (as, no, or unknown) (11)	MED FORCES? wor ar dates of service O	218-05-43)		s, Hud	Address son St.,	Crisfield,	Md.
		18. CAUSE OF DEATH (Enter of PART + DEATH WAS CAUSE	nly one couse per lin	re for (a), (b), and (c).	1 1	1 1	4	,	APPROXIMATE INTERV BETWEEN ONSET AND DE	Ac EATH
		PART DEATH WAS CAUSE	IATE CAUSE (o)	1700000	enchal	12 Jans	<i>t</i>		7 dan	r_
· 🗸		Conditions, if ony, which gove		AS A CONSEQUENCE OF	O.	4			7-0	10
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rise to immediate cause (a),	(0)	IS A CONSEQUENCE OF	mo nos				1000	7
3		stating the underlying cause lost.	(c)	S A CONSEQUENCE OF						
	z	PART 2 OTHER SIGNIFICANT CO	NO TIONS CONTR BU	TING TO DEATH BUT N	OT RELATED TO THE TER	MINA. DISEASE ORCON	NDITION GIVEN	IN PART (o)		
1	CERTIFICAT ON	19o. DATE OF OPERATION 19b	CONDITION FOR WH	ICH OPERATION WAS PE		AUTOPSY?		ES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CERTIFYING	
	3	21 o. ACCIDENT WAS UNDERLYI ☐ or contributing ☐ cause of dea (If either, notify medicol exom	NG 21b. TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor		Y OCCURRED (Enter n	oture of injury	in Port 1 or Port 2,	Item 18.)	
	MEDI	21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY		TORY) 21f. LOCATION	Street or R.F.D. No.	City o	r Town	County St	lote
		22a I certify that (I) (the saw the deceased causes stated above	nis haspital) atte plive of 1/69 e, (i) (we) (a d)	ended the decease (did nat) view the	ed fram	, 19 1 (my) (aur) apini	, ta on death ac	, 19 curred an the da	, that (I) (we te and have and fro	e) last m the
		22b SIGNATURE	e_ 10	aufma		ENDING MED			DATE SIGNED	
,		22d. PHYSICIAN S NAME (Type) H	C. Kauf	man, M.D		ADDRESS Cris	field	Md		
	B	BURIAL CREMATION, 23b, PENOVAL (Specify)	DATE an 4, 196	9 23c NAME OF Crisf	CEMETERY OR CREMATOR	ery	Crisf:	(City or Town) ield, Som	(County) (Stote) erset, Md.	
AL.		FUNERAL DIRECTOR	0 1 01	ADDRESS	4.5	2So. REC'D BY I	REGISTRAR	2Sb. REG STRAR S	SIGNATURE	
60	D	radshaw & Sons	, Crisiie	1a, Ma. 2'	817	JAN 7	1969	yclimile	y mage	



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- 1	71.5	23	DIAIZION O			ESTON STREET, BAL ATE OF DEATH	IIMUKE, MAI	(YLAND 2120)	0151	6
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s after o	Ma.	Le	4. RACE	Vhite		6-18-189	9	6 AGE (in years last bethapy) YRS.		HE JNDER 24 MRS. HOURS MAIN
within 24 hours after death, tell filled in by the control oppers Pedy, I and 2 t, within 72 hours after deoth.	country)	GINIA IN OF DEATH	111	WHAT COUNTRY? (1.5.9. NAME OF HOSPITAL OR INS B STREET INTERVICED TO BE	WIDOWED T	un hospital 12n 1.51	JAL OCCUPATION	DEATH MERSE (Kind of work done fe, even if retired)	12b KIND OF BI	USINESS OR
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bing physician: The low requires that the deoth certificate be executed by the hospital or attending physician. After this certificate hos been signed by the ottending physician and complete be detached for use as the burial-transit permit. Then please remove cort stote Dept. of Health prior to burial, cremotion, or removol, and in ony event,	Candition:	1MMEDIATI	E CAUSE (o) DUE TO, OR (b) <u>U</u>	ne for (a), (b) and (c)) AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	mprete Hered	on, anti-	and the	ysu-		ATE INTERVAL EET AND DEATH A A A A A A A A A A A A A A A A A A A
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ficate ysician pleasi al, and	16g	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (II yes give wi	ED FORCES? If or deless of service) 349-01-	§		Address Same as 13. a	bode
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ICIAN: pital ar rrificate d for u	MEDICAL CER	210 ACCIDENT WAS UNDERLYING ☐ OR CONTR BUTING ☐ CAUSE OF OEATH (If either, notify medicol examin	HOUR A.M Month Day er) P.M	Yeor 19		of injury in Port 1 or Port 2, I	tem 18.)
s PHYS the has this ce detache e Dept.	ME	21d thijRY OCCURRED While Not while at work	PLACE OF INJURY (AT MOME FARM, STR. OFFICE BUILDING, ET	,		City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached for use as the shauld be filed with the State Dept. af Health prior to		22o. 1 certify that (1) (thi sow the deceased of couses stated above	s hospitol) ottended the de- ive on Jan 2 1 , (i) (we) (did) (did not) view	the body ofter deoth.	, 19 <u>62</u> , to (<u>my</u>) (our) opinion de	oth occurred on the do	69, that (1) (we) los te and hour and from the
TO HOSPITAL OR ATTEND Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the 1		22b SIGNATURE	7. Steel	DEGREE PHYS	IDING MED DIRECTOR	STAFF D	DATE SIGNED 1-2-69
SPITAL 4 may NERAL :tar, pa		PHYSICIAN S NAME (Type) J.			risfield,		
TO HC Page direc	Βι	BURIAL, CREMATION, 23b. C. REMOVEL (Specify) Ja: FUNERAL DIRECTOR	n 5, 1969 Sum	e of cemetery or cremator on cremator or cremator of cemeters.	ery Cr	isfield, Some	-
VR A15			Crisfield, Md.		DATE D BY REGIST	1969 25b. REGISTRAR S	Las Judge .



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01519 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR death, within 24 hours after death (Type or print) Mosth Jan Oscar Watson 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male Sy birthday) White May 28, 1911 70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) Tenn. USA WIDOWED | DIVORCED Somerset 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street adds ready Memorial during most of working life, even if retired.)

Physician Crisiield, 12b. KIND OF BIKINESS OR Medicine 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER The law requires that the death certificate be executed odmission) STATE Virginia 13b. COUNTY Accomack Tangier YES NO 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Lost Oscar M. Watson, Sr. Kate Sloan pup physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) ar remayal, Mrs. Helen Watson, Same as 13. abcde APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for-kg), (b), andr(c),) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, (Canditians, it any, which gave) burial-transit rise to immediate cause (a). stating the underlying cause(last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending certificate has been of Health priar ta ar use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County While Not while _19____, and that in (my) (aur) apinian death accurred an the date and havr and from the director, page 3 shauld should be filed with the TO FUNERAL DIRECTOR: director, page 3 should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) C. Kaufman, M.D. Crisfield. Md. 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Crisfield, Somerset, Md. Jan 14, 1969 Sunnyridge Cemetery 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ocharles Jugar Bradshaw & Sons, Crisfield, Md. 21817

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